

FILED APR 23 1940

MISSOURI STATE BOARD OF HEALTH
BUREAU OF VITAL STATISTICS
CERTIFICATE OF DEATH

11141

Do not use this space.

1. PLACE OF DEATH

(a) County Wendell Registration District No. 384
 (b) Township Wendell Primary Registration District No. 4227
 (c) City Wendell (d) Street No. _____
 (If death occurred in Hospital or Institution, write its name instead of street and number)
 (e) Length of residence in city or town where death occurred 15 yrs. mos. ds. (f) How long in U. S. if of foreign birth? yrs. mos. ds.

2. PRINT FULL NAME

(a) Residence, No. 4227 St. Wendell
 (Usual place of abode, if no street address, write county or city) (If nonresident, give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3. SEX u 4. COLOR OR RACE u 5. SINGLE, MARRIED, WIDOWED, OR DIVORCED (write the word) u

5A. IF MARRIED, WIDOWED, OR DIVORCED
 HUSBAND OF
 (OR) WIFE OF ✓

6. DATE OF BIRTH (MONTH, DAY, AND YEAR) March 30-1853

7. AGE YEARS MONTHS DAYS If LESS than 1 day, hrs. or min.
87 11 21

8. Trade, profession, or particular kind of work done, as sawyer, bookkeeper, etc.

9. Industry or business in which work was done, as saw mill, bank, etc.

10. Date deceased last worked at this occupation (month and year)

11. Total time (years) spent in this occupation

12. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Elizabeth, Pa.

13. NAME
Geo. Stewart

14. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Lancaster, Pa.

15. MAIDEN NAME
unk

16. BIRTHPLACE (CITY OR TOWN) (STATE OR COUNTRY)
Virginia

17. INFORMANT (ADDRESS)
Dr. F. H. Stewart
Traverse City, Mich.

18. BURIAL, CREMATION, OR REMOVAL

PLACE At home DATE 3/23-1940

19. FUNERAL DIRECTOR (NAME) (ADDRESS)
Wendell

20. FILED 3-23-1940 Wendell Local Registrar

MEDICAL CERTIFICATE OF DEATH

21. DATE OF DEATH (MONTH, DAY, AND YEAR) 3-21-1940

22. I HEREBY CERTIFY, That I attended deceased from _____, 19____, to _____, 19____

I last saw h. _____ alive on _____, 19____. Death is said to have occurred on the date stated above, at _____ m. The principal cause of death and related causes of importance were as follows:

Suicide

Date of onset
3/21/40

Other contributory causes of importance:

Name of operation _____ Date of _____
 What test confirmed diagnosis? _____ Was there an autopsy? _____

23. If death was due to external causes (violence), fill in also the following:

Accident, suicide, or homicide? Suicide Date of injury 3/21-1940
 Where did injury occur? West Plains, Howell Co. Mo.
 (Specify city or town, county, and State)

Specify whether injury occurred in industry, in home, or in public place.

Manner of injury In his place of business
32 Caliber Automatic pistol

Nature of injury Shot entering over right ear

24. Was disease or injury in any way related to occupation of deceased? No.
 If so, specify _____

(Signed) Mayme C. Thornburgh 4-5
 (Address) West Plains, Mo.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by.....

....., Registered Apprentice No.....

working under my personal supervision.

RECEIVED

District Health Officer No. 5,

District File Number 440375

Date Filed 4340

Signed Forthy D Roberts

Licensed Embalmer No. 34321

P. O. Address West Marine, 1

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)

If this body is not embalmed, above space should be left blank.